

**SCHOOL ADMINISTRATORS' WELFARE TRUST MEDICAL PLAN OPTIONS
BENEFIT HIGHLIGHTS**

PLAN BENEFITS	Welfare Trust Point of Service - PLAN 1			Welfare Trust Point of Service - PLAN 2			Welfare Trust PPO Plan		Welfare Trust HMO Plan
	HMO	PPO	Non PPO	HMO	PPO	Non PPO	PPO	Non PPO	HMO
Maximum Benefit	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Deductible Per Member	None	\$250	\$250	None	\$250	\$250	n/a	\$500	None
Deductible Per Family	None	\$500	\$500	None	\$750	\$750	n/a	\$1,000	None
Coinsurance	None	20% of EME	30% of EME ¹	None	10% of EME	30% of EME ¹	None	30% of EME ¹	None
Coinsurance Maximum	200% of Annual Premium	\$1,500/Member \$4,500/Family	\$3,000/Member ¹ \$9,000/Family ¹	200% of Annual Premium	\$1,000/Member \$3,000/Family	\$2,000/Member ¹ \$6,000/Family ¹	\$2,000/Member \$4,000/Family		200% of Annual Premium
Doctor Office Visit Copayment	\$5/Visit	\$10/Visit	30% of EME ¹	\$10/Visit	\$20/Visit	After CYD, Member pays 30% of EME ¹	\$15/Visit	After CYD, Member pays 30% of EME ¹	\$10/Visit
Specialist Office Visit Copayment	\$10/Visit	\$20/Visit	30% of EME ¹	\$10/Visit	\$20/Visit	After CYD, Member pays 30% of EME ¹	\$15/Visit	After CYD, Member pays 30% of EME ¹	\$10/Visit
Inpatient Hospital Facility	\$100 Per Admission	After CYD, Member pays 20% of EME	After CYD, Member pays 30% of EME ¹	\$100/Day Not to Exceed \$400/Admission	After CYD, Member pays 10% of EME	After CYD, Member pays 30% of EME ¹	\$150/Day Not to Exceed \$450/Admission	After CYD, Member pays 30% of EME ¹	\$100/Day Not to Exceed \$300/Admission
Outpatient Hospital and Surgical Facility	\$50 Per Admission	After CYD, Member pays 20% of EME	After CYD, Member pays 30% of EME ¹	\$100 Per Admission	After CYD, Member pays 10% of EME	After CYD, Member pays 30% of EME ¹	\$150/Admission	After CYD, Member pays 30% of EME ¹	\$50/Admission
Inpatient Hospital Facility Surgical Services	No Charge	\$100/Surgery	After CYD, Member pays 30% of EME ¹	\$100/Surgery	After CYD, Member pays 10% of EME	After CYD, Member pays 30% of EME ¹	\$125/Surgery	After CYD, Member pays 30% of EME ¹	No Charge
Outpatient Hospital Facility Surgical Services	No Charge	\$50/Surgery	After CYD, Member pays 30% of EME ¹	\$50/Surgery	After CYD, Member pays 10% of EME	After CYD, Member pays 30% of EME ¹	\$15/Surgery	After CYD, Member pays 30% of EME ¹	No Charge
Physician's Office Surgical Services	\$5/Visit	\$10/Visit	After CYD, Member pays 30% of EME ¹	\$10/Visit	After CYD, Member pays 10% of EME	After CYD, Member pays 30% of EME ¹	\$15/Visit	After CYD, Member pays 30% of EME ¹	No Charge
Specialist's Office Surgical Services	\$5/Visit	\$10/Visit	After CYD, Member pays 30% of EME ¹	\$10/Visit	After CYD, Member pays 10% of EME	After CYD, Member pays 30% of EME ¹	\$15/Visit	After CYD, Member pays 30% of EME ¹	\$10/Visit
Anesthesia	\$50/Surgery	After CYD, Member pays 20% of EME	After CYD, Member pays 30% of EME ¹	\$100/Surgery	After CYD, Member pays 10% of EME	After CYD, Member pays 30% of EME ¹	\$100/Surgery	After CYD, Member pays 30% of EME ¹	No Charge
Urgent Care Within Service Area	\$20/Visit	\$20/Visit	\$20/Visit	\$15/Visit	\$15/Visit	\$15/Visit	\$20/Visit	n/a	\$15/Visit
Urgent Care Outside Service Area	\$25/Visit ¹	\$25/Visit ¹	\$25/Visit ¹	\$15/Visit ¹	\$15/Visit ¹	\$15/Visit ¹	n/a	After CYD, Member pays 30% of EME ¹	\$15/Visit ¹
Ambulance Within Service Area		No Charge (Ground or Air)			\$75/Trip (Ground), 50% of EME (Air)		\$50/Ground, 50% EME Air	n/a	No Charge
Ambulance Outside Service Area		No Charge (Ground or Air) ¹			\$75/Trip (Ground), 50% of EME (Air) ¹		n/a	After CYD, Member pays 30% of EME ¹	No Charge ¹
ER Within Service Area	\$50/Visit, Waived if Admitted	\$50/Visit, Waived if Admitted	\$50/Visit, Waived if Admitted ¹	\$50/Visit, Waived if Admitted	\$50/Visit, Waived if Admitted	\$50/Visit, Waived if Admitted ¹	\$150/Visit	n/a	No Charge
ER Outside Service Area	\$75/Visit ¹ , Waived if Admitted	\$75/Visit ¹ , Waived if Admitted	\$75/Visit ¹ , Waived if Admitted	\$75/Visit ¹ , Waived if Admitted	\$75/Visit ¹ , Waived if Admitted	\$75/Visit ¹ , Waived if Admitted	n/a	\$150/Visit ¹	No Charge ¹
Laboratory Services	\$5/Visit	\$10/Visit	After CYD, Member pays 30% of EME ¹	No Charge	\$5/Visit	After CYD, Member pays 30% of EME ¹	\$15/Visit	After CYD, Member pays 30% of EME ¹	\$10/Visit
Routine Radiological Services	\$5/Visit	\$10/Visit	After CYD, Member pays 30% of EME ¹	\$10/Visit	\$15/Visit	After CYD, Member pays 30% of EME ¹	\$15/Visit	After CYD, Member pays 30% of EME ¹	\$10/Visit
Hearing Aids	No Charge ²	No Charge ²	After CYD, Member pays 30% of EME ^{1 & 2}	No Charge ²	After CYD, Member pays 10% of EME ²	After CYD, Member pays 30% of EME ^{1 & 2}	\$15/Device ²	After CYD, Member pays 30% of EME ^{1 & 2}	\$100 or 50% of EME (whichever is less) ²
Prescriptions 30 Day Therapeutic Supply	<ul style="list-style-type: none"> Generic - \$5 Copay Preferred Brand Name - \$10 Copay Non Preferred Brand Name - \$20 Copay 			<ul style="list-style-type: none"> Generic - \$5 Copay Preferred Brand Name - \$15 Copay Non Preferred Brand Name - \$25 Copay * Preferred Brand Name or Non-Preferred Brand Name with a Generic Equivalent - \$5 Co-Pay Plus the Difference Between EME of the Generic Drug and the EME of the Brand Name Drug 			<ul style="list-style-type: none"> Generic - \$0 Copay Preferred Brand Name - \$30 Copay Non Preferred Brand Name - \$50 Copay * Preferred Brand Name or Non-Preferred Brand Name with a Generic Equivalent - \$5 Co-Pay Plus the Difference Between EME of the Generic Drug and the EME of the Brand Name Drug 		<ul style="list-style-type: none"> Generic - \$5 Copay Preferred Brand Name - \$15 Copay Non Preferred Brand Name - \$25 Copay * Preferred Brand Name or Non-Preferred Brand Name with a Generic Equivalent - \$5 Co-Pay Plus the Difference Between EME of the Generic Drug and the EME of the Brand Name Drug
Mail Order Pharmacy - Maintenance Medication	1 Copay for a 90 Day Supply (Generic, Preferred Brand Name, and Non Preferred Brand Name)			2 Copays for a 90 Day Supply (Generic and Preferred Brand Name)			2 Copays for a 90 Day Supply (Generic and Preferred Brand Name)		2 Copays for a 90 Day Supply (Generic and Preferred Brand Name)

¹Note: You are responsible for all amounts exceeding the applicable EME payments to Non-PPO Providers. Further, such amounts do not accumulate to your Coinsurance Maximum.

²Benefits are limited to a maximum of \$5,000 per member per calendar year, and are further limited to a single purchase. Repairs and replacement are limited to once every three (3) years.

CYD = Calendar Year Deductible EME = Eligible Medical Expense (the maximum amount that the insurance carrier will pay for a particular covered service)

* Blue highlight indicates the benefit equals or exceeds the HMO benefit in other plans of the comparison. Yellow highlight indicates the benefit equals or exceeds the PPO benefit in other plans of the comparison.